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PLACE OF DEATH COUNTY Kandolph County Kand	S. No.300	STANDAR	D CERTIFI	CATE OF DEAT	TH State File N	, <u>1</u> 5327			
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**This does not mean the distance of dying, such as heart failure, astheritalia, etc. It means the distance or conditions, if any, giving DUE TO (b) DUE TO (c) 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUCCESS 10b. MAJOR FINDINGS OF OPERATION 21c. MORE OPERAT	Ţ	18. CAUSE OF DEATH	MEDICAL CE			INTERVAL BETWEEN			
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HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 2 f. 19 5 3, to 17-19 5 3; that I last saw the deceased alive on 2 f. 19 5 3, and that death occurred at 2 f. m., from the causes and on the date stated above. 23a. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State) 10 f. 10	5		no	e	, , , ,				
22. I hereby certify that I attended the deceased from 2 10, 193, to care 1719. \$3, that I last saw the deceased alive on apol 12, 1953, and that death occurred at 2 m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL. CREMA- 24b. DATE TION. REMOVAL (Gypedry) 4-16-1953 Huntsville Cemetery 24d. LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 452 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MANY DELICLEY John B. (Sallon Huntsville)	ING .	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY home, farm, factory, street HOMICIDE	(e.g., in or about office bidg., etc.)	21c. (CITY, TOWN, OR TO	OWNSHIP) (COUNTY)	, (STATE)			
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(Licensed Embalmer's Statement on Reverse Side)	<i>r</i>		1/20	5. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS			
	ì	(Licensec	Embalmer's Sta	tement on Reverse Side)		mo			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body	whose name is recorded on the reverse side o	f this certificate	was embalm	ed by me, or	by
•	•				
orking under my personal superu	vision	Student	Embalmer No		

Licensed Embalmer No.3914.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.